

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Ronald Granger	COURT CASE NUMBER 08C39 08cv39
DEFENDANT Dr. P. Ghosh, et al.	TYPE OF PROCESS S/C

SERVE →	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN McFadden, M.D., Stateville Correctional Center
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Stateville, IL - c/o K. Sandlin, Legal Dept P.O. Box 112, Joliet, IL 60434

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Ronald D. Granger-#B24617 Stateville-STV P.O. Box 112 Joliet, IL 60434	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 2
	Check for service on U.S.A. 0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Wexford Health Source Inc
 → Attn: Joe Edditt
 381 mansfield, Suite 205
 Pittsburg, PA 15220.

Signature of Attorney or other Originator requesting service on behalf of: XX PLAINTIFF □ DEFENDANT	TELEPHONE NUMBER	DATE 02-28-08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 2 of 2	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk 68	Td	Date 02-28-08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) NOT SERVED	FILED JUN 04 2008 TC 6-4-2008 MICHAEL W. ROBBINS CLERK, U.S. DISTRICT COURT	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 5-8-08	Time 11:25 am
	Signature of U.S. Marshal or Deputy Chia L	

Service Fee \$90.00	Total Mileage Charges (including endeavors) \$4.04	Forwarding Fee \$8.00	Total Charges \$102.04	Advance Deposits 0	Amount paid to U.S. Marshal or \$102.04	Amount of Refund
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REMARKS: Mailed Certified mail w/ waiver 7007-0710-0000-9600-0931-1ST. Endorsement returned from Stateville with forwarding address for McFadden + Wexford Health Source.

FORWARDED 4-4-08 assigned to DUSM Service on 5-8-08. / 151 Mansfield = Bad address 66644 located at 425 Holiday Drive, Pgh

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

*Provide an address for McFadden.

FORM USM-285 (Rev 12/15/00)

66644 stated McFadden doesn't work for Wexford Health Source



Rod R. Blagojevich
Governor

Roger E. Walker Jr.
Director

DOC Legal Services / Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3623
Fax: (815) 727-3669
TDD: (800) 526-0844

March 21, 2008

Tomar Dicosta, Civil Desk
U.S. Marshal's Service
2444 Dirksen Federal Building
219 South Dearborn Street
Chicago, Illinois 60604

VIA FAX 312-886-0802

RE: Granger v Ghosh, et al
08 c 39

Dear Ms. Dicosta:

In accordance with the above-captioned civil action, please be advised the following individuals only work at Stateville Correctional Center occasionally. Please contact Wexford Health Sources. I have enclosed forwarding information for the attached service packet:

Please contact Wexford Health Source at:

Wexford Health Source, Inc
Attn: Joe Ebbitt
381 Mansfield, Suite 205
Pittsburg, PA 15220

Please feel free to contact me if you have any questions or need further information regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Sandlin".

Kathy Sandlin
Litigation Coordinator
DOC Legal Services-Stateville Correctional Center

File
cc: Wexford

UNITED STATES DISTRICT COURT

(DISTRICT)

Waiver of Service of Summons

TO: Ronald D. Granger

(NAME OF PLAINTIFF'S ATTORNEY OR UNREPRESENTED PLAINTIFF)

I, McFadden, M.D.

(DEFENDANT NAME)

acknowledge receipt of your request that I waive

service of summons in the action of Ronald D. Granger vs. Dr. P. Ghosh, et al.

(CAPTION OF ACTION)

which is case number 08C39

(DOCKET NUMBER)

in the United States District Court for the

Northern District of Illinois

(DISTRICT)

I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after February 27, 2008

(DATE REQUEST WAS SENT)

or within 90 days after that date if the request was sent outside the United States.

DATE

SIGNATURE

Printed/Typed Name: _____

As _____

TITLE

of _____

CORPORATE DEFENDANT

Duty to Avoid Unnecessary Costs of Service of Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who, after being notified of an action and asked by a plaintiff located in the United States to waive service of summons, fails to do so will be required to bear the cost of such service unless good cause be shown to its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any relating to the summons or to the service of the summons), and may later object to the jurisdiction of the court or to the place where the action has been brought.

A defendant who waives service must within the time specified on the waiver form serve on the plaintiff's attorney (or unrepresented plaintiff) a response to the complaint and must also file a signed copy of the response with the court. If the answer or motion is not served within this time, a default judgment may be taken against the defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

Order Form (01/2005)

United States District Court, Northern District of Illinois

Name of Assigned Judge or Magistrate Judge	Robert M. Dow, Jr.	Sitting Judge If Other than Assigned Judge	
CASE NUMBER	08 C 39	DATE	2/25/08
CASE TITLE	Ronald Granger (B-24617) v. Dr. P. Ghosh		

DOCKET ENTRY TEXT:

Plaintiff Ronald Granger's motion for leave to proceed *in forma pauperis* [3] is granted. The court orders the trust fund officer at Plaintiff's place of incarceration to deduct \$15.40 from Plaintiff's account for payment to the clerk of court as an initial partial filing fee, and to continue making monthly deductions in accordance with this order. The clerk shall send a copy of this order to the trust fund officer at the Stateville Correctional Center. The clerk is directed to issue summonses for service on Defendants Dr. P. Ghosh and Dr. McFadden at Stateville Correctional Center. The Stateville Health Care Unit and Graham Correctional Center Health Care Unit are not suable entities, and are dismissed as Defendants. The clerk is further directed to send to Plaintiff a Magistrate Judge Consent Form and Instructions for Submitting Documents along with a copy of this order.

■ [For further details see text below.]
notices.

Docketing to mail

STATEMENT

Plaintiff Ronald Granger (B-24617), currently in custody at Stateville Correctional Center, has brought this civil rights action pursuant to 42 U.S.C. § 1983 naming as defendants Stateville Drs. Ghosh and McFadden, and Stateville and Graham Correctional Centers Health Care Units. Plaintiff states that doctors at the Graham prison placed Plaintiff on dialysis; that Stateville doctors took him off dialysis; that Plaintiff now has a damaged liver and a hole in his arm from dialysis treatment; that he is unable to obtain adequate medical treatment; and that, while he was in the hospital, he was unfairly disciplined, resulting in the loss of good time credit. Plaintiff seeks to be released to obtain adequate medical treatment.

Plaintiff's motion for leave to proceed *in forma pauperis* is granted. Pursuant to 28 U.S.C. § 1915(b)(1), the plaintiff is assessed an initial partial filing fee of \$15.40. The trust fund officer at Plaintiff's place of incarceration is authorized and ordered to collect the partial filing fee from Plaintiff's trust fund account and pay it directly to the clerk of court. After payment of the initial partial filing fee, Plaintiff's trust fund officer is directed to collect monthly payments from Plaintiff's trust fund account in an amount equal to 20% of the preceding month's income credited to the account. Monthly payments shall be forwarded to the clerk of court each time the amount in the account exceeds \$10 until the full \$350 filing fee is paid. All payments shall be sent to the Clerk, United States District Court, 219 S. Dearborn St., Chicago, Illinois 60604, attn: Cashier's Desk, 20th Floor, and shall clearly identify Plaintiff's name and this case number. Plaintiff remains responsible for this payment obligation, and trust fund officers at Stateville shall notify authorities of any outstanding balance if plaintiff is transferred to another facility.

(CONTINUED)

A TRUE COPY - ATTEST
MICHAEL W. DOBBINS, CLERK

BY: 
DEPUTY CLERK

isk

U.S. DISTRICT COURT, NORTHERN
DISTRICT OF ILLINOIS

DATE: FEB 27 2008

STATEMENT (continued)

Under 28 U.S.C. § 1915A, the Court is required to conduct a preliminary review of the complaint. In this case, Plaintiff may not proceed with his claims against the Stateville Correctional Center and Graham Correctional Center Health Care Units, as neither a correctional facility, nor a division therein, are suable entities. *See Castillo v. Cook County Jail*, 990 F.2d 304, 307 (7th Cir. 1993). Accordingly, the health care units are dismissed as defendants to this suit. Plaintiff may proceed with his claims that he is unable to obtain adequate medical care from Stateville Dr. P. Ghosh and Dr. McFadden, and these defendants must respond to the complaint. The clerk shall issue summonses forthwith for these defendants and send to Plaintiff a Magistrate Judge Consent Form and Instructions for Submitting Documents along with a copy of this order.

The United States Marshals Service is appointed to serve Stateville Dr. P. Ghosh and Dr. McFadden. Any service forms necessary for Plaintiff to complete will be sent by the Marshal as appropriate to serve these defendants with process. The U.S. Marshal is directed to make all reasonable efforts to serve these defendants. With respect to former correctional employees who no longer can be found at the work address provided by Plaintiff, the Stateville Correctional Center shall furnish the Marshal with the defendant's last-known address. The information shall be used only for purposes of effectuating service [or for proof of service, should a dispute arise] and any documentation of the address shall be retained only by the Marshal. Address information shall not be maintained in the court file, nor disclosed by the Marshal. The Marshal is authorized to mail a request for waiver of service to the defendants in the manner prescribed by Fed. R. Civ. P. 4(d)(2) before attempting personal service.

Plaintiff is instructed to file all future papers concerning this action with the clerk of court in care of the Prisoner Correspondent. Plaintiff must provide the original plus a judge's copy of every document filed. In addition, Plaintiff must send an exact copy of any court filing to the defendants or to their attorney, if an attorney has entered an appearance on their behalf. Every document filed must include a certificate of service stating to whom exact copies were mailed and the date of mailing. Any paper that is sent directly to the judge or that otherwise fails to comply with these instructions may be disregarded by the court or returned to Plaintiff.

AO440 (REV. 1/90) Summons in a Civil Action

United States District Court
Northern District of Illinois

SUMMONS IN A CIVIL ACTION

RONALD D. GRANGER,

CASE 08-CV-39

VS.

JUDGE ROBERT M. DOW, JR.

DR. P. GHOSH, et al,

TO: McFadden, M.D.

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon plaintiff pro se:

NAME: Ronald D. Granger - #B-24617
Stateville - STV
ADDRESS: P.O. Box 112
Joliet, IL 60434

answer to the complaint which is herewith served upon you, within [20] days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

MICHAEL W. DOBBINS, CLERK

February 27, 2008

Date

Deputy Clerk - Angela Revis

2008 FEB 28 PM 0:47

RETURN OF SERVICE		
Service of the Summons and Complaint was made by me: ^	DATE	
NAME OF SERVER (Print)	TITLE	
<i>Check one box below to indicate appropriate method of service:</i>		
<p><input type="checkbox"/> Served personally upon the defendant. Place where served: _____</p> <p>_____</p> <p><input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____</p> <p>_____</p> <p><input type="checkbox"/> Returned unexecuted: _____</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p> <p>_____</p>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on _____</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Date</p> </div> <div style="width: 45%;"> <p style="text-align: center;">Signature of Server</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Address of Server</p> </div> </div>		

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
Consent to Exercise of Jurisdiction
By a United States Magistrate Judge**

Case Title

Case Number:

V.

Assigned Judge:

Designated
Magistrate Judge:

In accordance with the provisions of Title 28 U.S.C. §636(c), the undersigned party or parties to the above-captioned civil matter hereby voluntarily consent to have a United States Magistrate Judge conduct any and all further proceedings in this case, including trial, and order the entry of a final judgment. Should this case be reassigned to a magistrate judge other than the magistrate judge designated pursuant to Local Rule 72, the undersigned may object within 30 days of such reassignment. If an objection is filed by any party, the case will be reassigned to the district judge before whom it was last pending.

Date	By:	Signature	Name of Party or Parties
Date	By:	Signature	Name of Party or Parties
Date	By:	Signature	Name of Party or Parties
Date	By:	Signature	Name of Party or Parties

Note: File this consent **only** if all parties have consented on this form to the exercise of jurisdiction by a United States magistrate judge.

RECEIVED

(A)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

JAN 02 2008 *sent*

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Ronald D. Granger

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

08CV0039

JUDGE DOW

MAG. JUDGE BROWN

Case No. _____
(To be supplied by the Clerk of this Court)

Graham C.C. H.C.U. M.D.

Shobaville C.C.H.C.U. M.D.

Dr. P. Ghosh M.D. McFadden

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION
1983 U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION),
TITLE 28 SECTION 1331(a) U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

2008 FEB 28 11:01:17

I. Plaintiff(s):

- A. Name: RONALD D. GRANGER
- B. List all aliases: _____
- C. Prisoner identification number: B-24617
- D. Place of present confinement: SHATELVILLE C.C.
- E. Address: P.O. Box 112 TOLLESON IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: GRAHAM C.C. H.C.U. M.D. + DR.
 Title: ~~DR. M.D.~~ DR. M.D.
 Place of Employment: GRAHAM C.C.
- B. Defendant: SHATELVILLE C.C. H.C.U. DR. GHOSH + MD McFadden
 Title: ~~DR. P. GHOSH~~ DR. P. GHOSH AND M.D. McFadden
 Place of Employment: SHATELVILLE C.C.
- C. Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES ☒ NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES ☒ NO ()

C. If your answer is YES:

1. What steps did you take?

Send to Grievance Officer
Send to A.R.B. Inmate Issues

2. What was the result?

60 days Timeframe

3. If the grievance was not resolved to your satisfaction, did you appeal?

What was the result (if there was no procedure for appeal, so state.)

I WAS IN St John Hospital IN Springfield
Under Heavy Medication / 60 days Timeframe

D. If your answer is NO, explain why not:

I WAS IN St John
Hospital Under I.D.O.C. By Graham C.C.
Under Heavy Medication / 60 days Timeframe

E. Is the grievance procedure now completed? YES ☒ NO ()

F. If there is no grievance procedure in the institution, did you complain to authorities? YES () NO ()

G. If your answer is YES:

1. What steps did you take?

2. What was the result?

H. If your answer is NO, explain why not:

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: Court of Claims, Personal Injuries
Case Number 08CC0170 Springfield Ill
- B. Approximate date of filing lawsuit: July 29, 2007
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: RONALD D. GRANGER
- D. List all defendants: I DOC H.C.U. M.D. McFadden
DR GHOSH Stateville C.C.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Court of Claims Springfield Ill 62756
- F. Name of judge to whom case was assigned: Robert Sprague Chief Justice
A. JANN, P. BERNBAUM, R. STEFFEN, D. SHORINO, J. KAPLAN, D. KERR
- G. Basic claim made: _____
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Still Pending, Assigned to Commissioner
NEAL, DAVID 116 N. Chicago St STE 202 Joliet IL 60432
- H. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

In Aug of 2006 I WAS SENT to
St John Hospital By Graham C.C. H.C.U.
Doctor + M.D. I Stay In St John Hospital
For A Month 1/2 On Return to Graham C.C. H.C.U.
I WAS Put on Dialysis By Graham C.C. H.C.U.
In Sep 2006 I WAS TRANSFER to Shattuck
C.C. On 7-7-07 I WAS Told By
Shattuck H.C.U. M.D. McAdams An Dr
GHOST that A ERROR WAS MADE ON ME
By Graham C.C. H.C.U. Dr. An M.D. I WAS
Misdiagnosed By Graham C.C. H.C.U. For
Bad Kidney. On 7.7.07 I WAS taking
off Dialysis By Shattuck C.C. H.C.U.
M.D. McAdams An Dr. P. GHOST. They SAID I
NEVER Needed Dialysis. Now I HAVE A
Bad Liver from the Dialysis treatment I
SIT HAVE HOLE In My Arm. HOLE In My Chest
from the Dialysis treatment I am A
Disability I make Now.

In Aug 2006 #2 Disciplinary Report Was
Wrote On Me. I Didn't Have Know
Knowledge of the #2 Disciplinary Ticket. I
Was In St John Hospital Change to the
Bed Under Heavy Medication In St John
Hospital In Springfield ILL By Graham C.C
H.C.U.. If I Knew I Had #2 Disciplinary
Report Wrote On Me I Could file My
GRIEVANCE IN TIMEFRAME. I Lost #1 year 6 month
I Lost My S.M.G.A. S.M.G. Good Time. I Was Put
In C Grade. I Was Put In Segregation.
I Didn't Have A HEARING ON the #2 Ticket
they Gave A Maximum Transfer to Shokelle C.C.

That Why I Didn't file In timeframe
today's

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I AM ASKING TO BE RELEASE SO I CAN
RECEIVE PROPER MEDICAL ATTENTION MY FAMILY
HAVE 100 PERCENT MEDICAL COVERAGE ON ME

OR 500,000 DOLLARS FROM PERSONAL INJURIES
AM PAIN AM SUFFERING.

I declare under penalty of perjury that all facts
given in the complaint are true and correct.

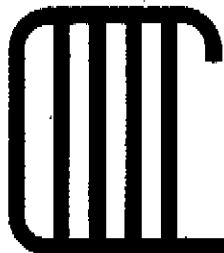
Signed this 24 day of Dec, 2007

Ronald D. Stranger
(Signature of plaintiff or plaintiffs)

B-24617
(I.D. Number)

Stateville C.C. P.O. Box 112
Joliet IL 60434

(Address)



Illinois
Department of
Corrections

Rod R. Blagojevich
Governor

Roger E. Walker, Jr.
Director

Stateville Correctional Center / Rt. 53 / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607 / TDD: (800) 526-0844

MEMORANDUM

DATE: 7-18-07

TO: Granger B24617

FROM: T. Garcia, Corr. Couns. II
Grievance Office

SUBJECT: ATTACHED GRIEVANCE -

The attached grievance is being returned for the following reason:

_____ It needs to be rewritten and submitted to your counselor on the attached Committed Person's Grievance Report.

_____ It was not filed within 60 days of discovery of the incident, occurrence, or problem which gives rise to the grievance as required in DR 504F, Grievance Procedures for Committed Persons.

X Issue needs to be discussed with your counselor for possible resolution.

_____ No issue outlined in grievance.

_____ It appears that no attempt has been made to resolve the issue as required by DR 504F.

_____ Issue is currently being reviewed by _____

_____ Issue previously addressed. No justification for further action.

_____ Other: _____ Forward to Administrative Review Board

cc: file

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE

Date: <u>7-14-07</u>	Committed Person: <u>RONALD D. GRANGER</u> <small>(Please Print)</small>	ID: <u>B24617</u>	
Present Facility: <u>STATEVILLE C.C.</u>		Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		
<input type="checkbox"/> Disciplinary Report: _____ <div style="display: flex; justify-content: space-between;"><small>Date of Report</small><small>Facility where issued</small></div>			
<small>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification</small>			
<small>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</small>			
Brief Summary of Grievance: <u>BACK IN GRAHAM C.C. IN AUGUST 06 I WAS</u> <u>DIAGNOSED FOR KIDNEY AND WAS PUT ON DIALYSIS. ON 7-7-07</u> <u>TOLD BY M.D. METACHOWEN THAT A KIDNEY BEEN MAY ON</u> <u>ME HERE IN STATEVILLE C.C. BY METACHOWEN LAB WORK</u> <u>ALSO M.D. METACHOWEN TOLD ME GRAHAM C.C. H.C.U.</u> <u>METACHOWEN ME. DISCOUNTED I NEVER NEEDED</u> <u>DIALYSIS. ON 7-7-07 I WAS TAKEN OFF DIALYSIS BY</u> <u>M.D. METACHOWEN. I AM CONSULTING ATTORNEY FOR MEDICAL</u> <u>MALPRACTICE AND METACHOWEN LAB WORK AND SURGERY ON MY</u> <u>ARM AND CHEST</u>			
Relief Requested: <u>I AM ASKING FOR 9 MILLION DOLLARS. OR M.S.R.</u> <u>MA.</u>			
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.			
<u>RONALD D. GRANGER</u> <small>Committed Person's Signature</small>		<u>B24617 7.14.07</u> <small>ID Date</small>	

Counselor's Response (if applicable)

Date Received: _____ ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to
Administrative Review Board, P.O. Box 19277,
Springfield, IL 62764-9277

Response: _____

Print Counselor's Name

Counselor's Signature

Date of Response

EMERGENCY REVIEW

Date Received: 7.18.07

Is this determined to be of an emergency nature?

☒ Yes; expedite emergency grievance
☐ No; an emergency is not substantiated.
Committed person should submit this grievance
in the normal manner.

W. M. C. C. C.
Chief Administrative Officer's Signature7.18.07
Date

ILLINOIS DEPARTMENT OF CORRECTIONS

COMMITTED PERSON'S GRIEVANCE (Continued)

Blank lined page for notes.

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or CorrespondenceOffender: Granger Ronald B24617
Last Name First Name MI DOBFacility: Stateville☒ Grievance (Local Grievance # (if applicable): 10-1-07) or ☐ CorrespondenceReceived: 11, 9, 07 Date Regarding: Dialysis

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☒ Use the Committed Person's Grievance Report, DOC 0047 (formerly DC 5657), including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide a copy of the Committed Person's Grievance, DOC 0046 (formerly DC 5657) including the counselor's response if applicable).
- ☐ Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
318 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on 1/1/07 Date
- ☐ No justification provided for additional consideration. Required

Other (specify):

The above is provided. But Inmate
Grievance also fails to cite specificSuch as dates, when incidents occurred, where etc
Completed by: Sherry Benton Signature 11, 13, 07 Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

F-02-07

Date: <u>10-1-07</u>	Offender: <u>RONALD GRANGER</u>	ID#: <u>B-24617</u>
Present Facility: <u>STATEVILLE CC</u>	Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☒ Disability
☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify): Dialysis
☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Workdown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I RONALD GRANGER WAS MISDIAGNOSIS BY MEDICAL STAFF HERE IN STATEVILLE C.C. THE H.C.U. MADE AN ERROR ON ME. IT COST A DISABILITY IN MY ARM AND LIVER AND KIDNEY. I WAS TREATED BY THE H.C.U. AND M.D. METACALDEN THE I NEVER DECIDED DIALYSIS. THE H.C.U. ME MISDIAGNOSIS LAB WORK. NOW I HAVE A LIVER PROBLEM FROM THE ERROR THAT H.C.U. MADE ON ME.

Relief Requested: I AM ASKING FOR \$100,000.00 DOLLARS OR A INTERVIEW WITH THE A.R.B.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Ronald Granger B-24617 10.1.07
Offender's Signature ID# Date

Counselor's Response (if applicable)	
Date Received: <u>10.16.07</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277, Springfield, IL 62764-0277
Response: <u>Sent to Health care unit for answer</u>	
<u>E. R. Kline</u> Print Counselor's Name	<u>E. R. Kline</u> <u>10.16.07</u> Counselor's Signature Date of Response

EMERGENCY REVIEW	
Date Received: <u>11/9/2007</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in a normal manner.
<div style="text-align: center;"> RECEIVED NOV - 9 2007 </div>	
Chief Administrative Officer's Signature	Date

OFFICE OF
INMATE ISSUES

Page 1

DOC 0046 (Rev. 3/2006)

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